GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HÅGA

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LÅHI

LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

LAURENT SF DUENAS, MPH, BSN, RN
DEPUTY DIRECTOR

JOSEPHINE T. O'MALLAN
DEPUTY DIRECTOR

April 10, 2020

PHYSICIANS' ALERT ON PATIENT INSTRUCTIONS
SUSPECT COVID-19
via
DPHSS Health Professional Licensing Office (HPLO)

Thank you for your continued collaboration with the Guam Department of Public Health and Social Services (DPHSS) in combating COVID-19 in Guam.

We are reminding providers to ask all patients swabbed for COVID-19 to start home self-isolation while waiting for the test results. We hope this will add another layer of action to help slow the spread of COVID-19 in Guam. To help support this, the Guam DPHSS has developed the attached two-page information sheet on home self-isolation. We are asking you to give this sheet to patients you will swab for COVID-19.

In addition, to help improve our analysis of the outbreak dynamics, we are asking that clinic staff do their best to completely fill out the PUI testing request form. This data is used to help evaluate the outbreak and refine our mitigation efforts. Consider each piece of information you add to the form as another step you are taking to help stop COVID-19 transmission in Guam.

LINDA UNPINGCO DENORCEY, MPH
DIRECTOR

Department of Public Health & Social Services ITC Building Ste 219
590 S Marine Corps Drive, Tamuning, Guam 96913-3532
www.dphss.guam.gov

Patient Instructions
Suspect COVID-19

You were just swabbed for COVID-19 testing. This means your provider thinks you have symptoms that match COVID-19.

Guam Department of Public Health and Socials Services requests that you **start avoiding contact with others (self-isolate) and stay home NOW.**

Do not wait for your test result before taking action to protect your family and the rest of Guam. It can take a few days for your test result to be completed. Your provider, or a doctor from Public Health, will inform you of your result.

Start protecting your family and Guam now:

1) Self-isolate at home
    a. Stay away from others. Stay in a separate "sick room" if possible, and away from other people in your home. Use a separate bathroom, if available. Wear a face mask, and wash your hands often.
2) **Do NOT** go to work or school
3) **Do NOT** go out to public places (including stores, gas stations, or banks)
4) **Do NOT** use any public transportation

If your symptoms get worse (e.g. high fever, difficulty breathing, chest pain):

Call your doctor or the COVID-19 medical phone line **311**. If it's an emergency, call **911** and let them know you are a suspected COVID-19 patient.

If your test result is negative:

Even though your COVID-19 test is negative, you do have symptoms of an infectious disease that could spread to others. Also, not all tests are 100% accurate and you may still have COVID-19.

To keep your family and Guam safe, please continue to **avoid contact with others** and:

- Stay isolated at home for at least 7 days and wait for 3 days after your symptoms are completely gone before ending your isolation. If you think you meet these criteria, please call **311**, "Medical Questions" to confirm.
- Always wear a mask to protect others, even after you start to feel better. Wash your hands often, and disinfect frequently touched surfaces.

10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

3. **Get rest and stay hydrated.**

4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

6. **Cover your cough and sneezes.**

7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.

CDC

For more information: **www.cdc.gov/COVID19**

Call the DPHSS Guam Medical Triage Hotline at: 480-7859 • 480-6760 • 480-6763 • 480-7883

CDC 2019-nCoV ID: [ ]

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC .....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ___/___/_____

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC .....

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____

Reporting health department: _____ CDC 2019-nCoV ID: _____

Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First _____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
- ☐ Patient under investigation (PUI)
- ☐ Laboratory-confirmed case

Report date of PUI to CDC (MM/DD/YYYY): ___/___/_____

Report date of case to CDC (MM/DD/YYYY): ___/___/_____

County of residence: _____

State of residence: _____

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/ Latino
- ☐ Not specified

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Race (check all that apply):
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other, specify: _____
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unknown

Date of birth (MM/DD/YYYY): ___/___/_____

Age: _____

Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY): ___/___/_____
- ☐ Unknown ☐ N/A

Did the patient develop pneumonia?
- ☐ Yes ☐ Unknown
- ☐ No

Did the patient have acute respiratory distress syndrome?
- ☐ Yes ☐ Unknown
- ☐ No

Did the patient have another diagnosis/etiology for their illness?
- ☐ Yes ☐ Unknown
- ☐ No

Did the patient have an abnormal chest X-ray?
- ☐ Yes ☐ Unknown
- ☐ No

Was the patient hospitalized?
- ☐ Yes ☐ No ☐ Unknown

If yes, admission date 1 ___/___/___ (MM/DD/YYYY)

If yes, discharge date 1 ___/___/___ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
- ☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
- ☐ Yes ☐ No ☐ Unknown

If yes, total days with MV (days) _____

Did the patient receive ECMO?
- ☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
- ☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY): ___/___/_____
- ☐ Unknown date of death

Symptoms present during course of illness:
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Unknown

If symptomatic, onset date (MM/DD/YYYY): ___/___/_____
- ☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY): ___/___/_____
- ☐ Still symptomatic ☐ Unknown symptom status
- ☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown

Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
- ☐ Travel to Wuhan
- ☐ Travel to Hubei
- ☐ Travel to mainland China
- ☐ Travel to other non-US country specify: _____
- ☐ Household contact with another lab confirmed COVID-19 case-patient
- ☐ Community contact with another lab-confirmed COVID-19 case-patient
- ☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
  - ☐ Patient ☐ Visitor ☐ HCW
- ☐ Animal exposure
- ☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
- ☐ Other, specify: _____
- ☐ Unknown

If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
- ☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID _____
- ☐ Unknown ☐ Other, specify: _____

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:	

Pre-existing medical conditions? ☐Yes ☐No ☐Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag☐A☐B	☐	☐	☐	☐
Influenza PCR ☐A☐B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify: _____				

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab				
OP Swab				
Sputum				
Other, Specify: _____				

Additional State/local Specimen IDs: _____ _____ _____ _____ _____